



Specialty Vehicle Association of B.C.

Box 34237 – 17790 # 10 Hwy, Surrey, BC, V3S 8C4
Website: www.sva.bc.ca

Annual Individual Membership - \$10 200__ (yr) New Renewal Donation \$ ____

First Name: _____ Last Name: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ Phone: (____) _____ Email: _____

Vehicle(s): _____

Affiliated clubs: _____ Total Remittance: \$ ____

Annual Club Associate - \$50 (minimum) 200__ (yr) New Renewal

Club Name: _____

Club Address: _____ City: _____ Prov: _____

Postal Code: _____ Phone: (____) _____ Email: _____

Contact Person: _____ Position: _____

(Please complete below for contact person if different from club)

Address: _____ City: _____ Prov: _____

Postal Code: _____ Phone: (____) _____ Email: _____

May SVABC publish your contact information on the SVABC website? Yes No

Number of Members _____ Total Remittance: \$ ____

For your records, cut here and complete the following below and retain. Send the remainder of the application to SVABC.

Receipt Amount: \$ ____ Cash Cheque Money Order Date: _____

For Year 200__ Membership / Associate / Donation

The Specialty Vehicle Association of British Columbia
A Registered Non-Profit Volunteer Society Serving BC Car Clubs